

Mail Stop RCE
**TRANSMITTAL
FORM**

(To be used for all correspondence after initial filing)

Express Mail Label No.: EV 196252845 US

Total Number of Pages in This Submission: 7

Application Number 10/792,180

Filing Date March 3, 2004

Confirmation Number 4931

Inventor(s) RUSSELL

Group Art Unit 2884

Examiner Tanningco, M.

Attorney Docket No. 02-68

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (submit in duplicate)	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet
<input checked="" type="checkbox"/> Fee Attached \$ 790.00	<input type="checkbox"/> Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
Check No.: 1384	<input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Request for Return of PTO-1449 Forms	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to the Commissioner	<input checked="" type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Request Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Address	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer(s)	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input type="checkbox"/> Cited References	<input checked="" type="checkbox"/> Certificate of Mailing by Express Mail	
<input type="checkbox"/> Search report		
<input type="checkbox"/> Drawing(s): Number of Pages _____ Number of Figs. _____ and cover sheet	<input type="checkbox"/> Other Enclosure(s): _____	
<input type="checkbox"/> Formal		
<input type="checkbox"/> Informal		

Current Due Date: June 6, 2006 (one month extended)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

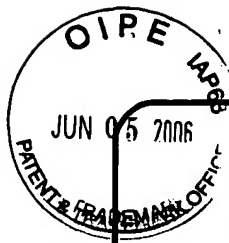
Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	<i>Michael W. Haas</i>
Date	June 5, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:

Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: June 5, 2006,
Express Mail Label No. EV 196252845 US.

Typed Name	Michael W. Haas, Reg. No. 35,174		
Signature	<i>Michael W. Haas</i>	Date	June 5, 2006



FEE TRANSMITTAL

(Effective 12/08/2004)

"Express Mail" Label No. EV 196252845 US

TOTAL AMOUNT OF PAYMENT \$ 910.00

Application Number 10/792,180

Filing Date March 3, 2004

First Named Inventor RUSSELL

Confirmation Number 4931

Group Art Unit 2884

Examiner's Name Taningco, M.

Attorney Docket No. 02-68

METHOD OF PAYMENT

1. ☒

The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number

50-0558

Deposit Account Name

Respironics, Inc.

☒

Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17, 1.19 and 1.20

☐

Charge the Issue Fee set forth in 37 C.F.R. § 1.18

2. ☒ Payment Enclosed:

Check (Check No. 1384)

FEE CALCULATION (continued)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S. C. § 41(a)(1)(G) and 37 C.F.R. § 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 fraction thereof

Fee(\$)

Fee Paid(\$)

-100 = /50 = (round up to a whole number) X 250 = 0.00

4. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or declaration	
1811	100	1811	100	Certificate of Correction	
1812	2,520	1812	2,520	For filing a request for reexamination	
576	25	576	25	Additional filing receipt, duplicate or corrected due to applicant error	
1251	120	2251	60	Extension for response within first month	120.00
1252	450	2252	225	Extension for response within second month	
1253	1,020	2253	510	Extension for response within third month	
1254	1,590	2254	795	Extension for response within fourth month	
1255	2,160	2255	1,080	Extension for response within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1452	500	2452	250	Petition to revive unavoidably abandoned application	
1453	1,500	2453	750	Petition to revive unintentionally abandoned application	
1501	1,400	2501	700	Utility issue fee (or reissue)	
1502	800	2502	400	Design issue fee	
1814	130	2814	65	Statutory Disclaimer	
1460	130	1460	130	Petitions to the Director	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of property)	
1801	790	2801	395	Request for Continued Examination	790.00
1504	300	1504	300	Publication Fee	

Other Fee (specify) _____

SUBTOTAL (1) \$ 0.00

2. CLAIMS

	Extra Claims	Fee from Below	Fee Paid
Total Claims	___	___ x 50 =	
Ind. Claims	___	___ x 200 =	
Multiple Dependent Claims add		360 =	

* Enter Highest Number Previous Paid For

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple dependent claim
1204 200	2204 100	Reissue independent claims over original patent
1205 50	2205 25	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0.00

SUBTOTAL (3) \$ 910.00

SUBMITTED BY

Typed or Printed Name	Michael W. Haas	Reg. Number	35,174
Signature		Date	June 5, 2006
		Deposit Account Number	50-0558



Certificate of Mailing by "Express Mail"

EV 196252845 US

"Express Mail" label number

June 5, 2006

Date of Deposit

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and is addressed to:

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

Michael W. Haas

Signature of person mailing correspondence

Michael W. Haas

Typed or printed name of person mailing correspondence

Note: Each paper must have its own certificate of mailing by "Express Mail".